

## **Erika Gonzalez-Santamaria**

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**From:** Erika Gonzalez-Santamaria  
**Sent:** Thursday, February 23, 2023 9:30 AM  
**To:** MaryJo M  
**Subject:** Ballot Number for April 4, 2023

Good morning,

Your Ballot Number for the election is #51.

Thank you!

**Erika Gonzalez-Santamaria, MMC, City Clerk**

Office of the City Clerk

City of Miami Springs

201 Westward Drive

Miami Springs, Florida 33166

E: [gonzaleze@miamisprings-fl.gov](mailto:gonzaleze@miamisprings-fl.gov)

T: (305) 805-5006

[www.miamisprings-fl.gov](http://www.miamisprings-fl.gov)

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Elections  
2700 NW 87th Avenue  
Miami, Florida 33172

miamidade.gov

## CERTIFICATION Batch 2

STATE OF FLORIDA)

COUNTY OF MIAMI-DADE)

I, Christina White, Supervisor of Elections of Miami-Dade County, Florida, do hereby certify that 9 signatures submitted by MaryJo Mejia Ramos for the office of City Council, Group I for the City of Miami Springs matched the signatures on the voter files.

A handwritten signature in black ink, appearing to be "Christina White", written over a horizontal line.

Christina White  
Supervisor of Elections

WITNESS MY HAND  
AND OFFICIAL SEAL,  
AT MIAMI, MIAMI-DADE  
COUNTY, FLORIDA,  
ON THIS 23<sup>rd</sup> DAY OF  
JANUARY, 2023

Library of Congress  
No. 8053241

RECEIVED FROM:

RECEIVED FROM 66-14 Special

DATE 1/10/20

ADDRESS

101 West Street

CSH

202

STREET ADDRESS

*[Handwritten signature]*

CITY

STATE

**ZIF**

## CHECKS

1. *What is the purpose of the study?*

A. MOUTON

5-100

COLLARS, AND

12

## CENTS

**TOTAL**

103

FOR PAYMENT OF:

Squid Lake - Squid Lake

THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPAK MEV

DEF:

104 Service

By:

Harold Johnson


ONLY USE THESE OFFERS

[illegible]

MIAMI SPRINGS GENERAL ELECTION OF TUESDAY, APRIL 4, 2023  
CANDIDATE NOMINATION PETITION  
PETICION PARA LA PROCLAMACION DE UN CANDIDATO

[illegible]

## STATEMENT OF CIRCULATOR/DECLARACION DEL DISTRIBUIDOR

The undersigned is the circulator of the foregoing paper containing <u>2</u> signatures. Each signature appended thereto was made in my presence and is the signature of the person whose name it purports to be.	El que suscribe es el distribuidor de esta hoja, que contiene <u>2</u> firmas. Cada firma se hizo en mi presencia y es la firma de la persona a la que corresponde.
Signature of Circulator/ Firma del Distribuidor: 	Address: <u>62 Elm Dr</u> Dirección: <u>Miami Springs FL 33166</u>

**STATEMENT OF NOTARY PUBLIC/CERTIFICACION DEL NOTARIO PUBLICO**

Personally known to me: A quien conozco personalmente: <u>✓</u>		or Provided Identification: o Quien Produjo Identificación: _____	
Notary Public: Notario Público: <u>Errika Gonzalez</u>		Date: Fecha: <u>12/12/2023</u>	
Print/Letra de Molde: <u>ERRIKA GONZALEZ SANTAMARIA</u>		My Commission Expires: Mi Comisión Expira: <u>EXPIRES: December 1, 2023</u>	

RECEIVED BY

CITY CLERK'S OFFICE: Date:

Time:

By:



MIAMI SPRINGS GENERAL ELECTION OF TUESDAY, APRIL 4, 2023  
CANDIDATE NOMINATION PETITION  
PETICION PARA LA PROCLAMACION DE UN CANDIDATO

WE, the undersigned electors of Miami Springs, Florida do hereby nominate:		Name of Candidate/Nombre del Candidato:	
NOSOTROS, los electores de Miami Springs, Florida que suscriben, por la presente proclamamos a:		Manny Jo Mejia Ramos	
who last registered at: / cuya dirección de su última registración es: MIAMI SPRINGS, FLORIDA			
City of Miami Springs		for the office of: City Council Group # 1	
PRINT NAME INSCRIBA SU NOMBRE EN LETRA DE MOLDE	RESIDENCE ADDRESS DOMICILIO	DATE OF BIRTH OR REGISTRATION # FECHA DE NACIMIENTO O NUMERO DE INSCRIPCION	SIGNATURE FIRMA
Name	Address		signature
Manny Pallenjo	81 Ludlam	04/25/19	
Date / Fecha: 12/2/22			
Clara Murt	530 Cordale Dr	5/28/14	
Date / Fecha: 12/2/22			
Date / Fecha:			
Date / Fecha:			
Date / Fecha:			
Ana Gonzalez	9312 SW 182st	9/16/1994	
Date / Fecha: 12/2/22	Palmetto Bay FL 33157		ANA CRISTINA GONZ.
Date / Fecha:			
Date / Fecha:			
Date / Fecha:			

STATEMENT OF CIRCULATOR/DECLARACION DEL DISTRIBUIDOR

The undersigned is the circulator of the foregoing paper containing 3 signatures. Each signature appended thereto was made in my presence and is the signature of the person whose name it purports to be.	El que suscribe es el distribuidor de esta hoja, que contiene 3 firmas. Cada firma se hizo en mi presencia y es la firma de la persona a la que corresponde.
Signature of Circulator/ Firma del Distribuidor:	Address: Dirección: 62 Elm Dr Miami Springs, FL 33166
	Date: 1/9/23

STATEMENT OF NOTARY PUBLIC/CERTIFICACION DEL NOTARIO PUBLICO

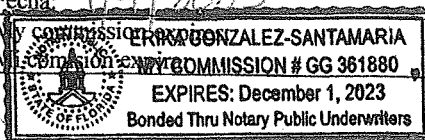
Personally known to me: A quien conozco personalmente:	or Provided Identification: o Quien Produjo Identificación:
Notary Public: Notario Público:	Date: Fecha: 1/9/2023
Print/Letra de Molde: Enika Gonzalez Santolana	My Commission Expires: Mi Comisión Expira: COMMISSION # GG 361880

RECEIVED BY

CITY CLERK'S OFFICE: Date: 1/9/2023

Time: 11:15pm

By: [Signature]





MIAMI SPRINGS GENERAL ELECTION OF TUESDAY, APRIL 4, 2023  
CANDIDATE NOMINATION PETITION  
PETICION PARA LA PROCLAMACION DE UN CANDIDATO

WE, the undersigned electors of Miami Springs, Florida do hereby nominate: NOSOTROS, los electores de Miami Springs, Florida que suscriben, por la presente proclamamos a:		Name of Candidate/Nombre del Candidato: <u>Mary Jo Mejia Ramos</u>	
who last registered at: / cuya dirección de su última registración es: <u>MIAMI SPRINGS, FLORIDA</u>			
City of Miami Springs for the office of: para el cargo de:		<u>City Council - group #1</u>	

PRINT NAME INSCRIBA SU NOMBRE EN LETRA DE MOLDE	RESIDENCE ADDRESS DOMICILIO	DATE OF BIRTH OR REGISTRATION # FECHA DE NACIMIENTO O NUMERO DE SCRIPCION	SIGNATURE FIRMA
<u>Richard Marquez</u> Date / Fecha: <u>1-7-23</u>	<u>1202 DOLF AVENUE</u> <u>MIAMI SPRINGS, FL</u>	<u>7/19/60</u>	<u>Richard Marquez</u>
<u>VINCENT Medel</u> Date / Fecha: <u>1-7-23</u>	<u>330 MORNINGSIDE</u> <u>MIAMI SPRINGS FL</u>	<u>7/13/88</u>	<u>Vincent Medel</u>
<u>Diana Cuyper</u> Date / Fecha: <u>1-7-23</u>	<u>114 Hibiscus Dr.</u>	<u>3/18/66</u>	<u>Diana Cuyper</u>
<u>Chasman Dole</u> Date / Fecha: <u>1-7-23</u>	<u>364 Novarte Dr.</u> <u>Miami Springs FL</u>	<u>2/7/54</u>	<u>Chasman</u>
<u>Nancy Fletcher</u> Date / Fecha: <u>1-7-23</u>	<u>237 Florida</u> <u>Ave Miami Springs</u>	<u>9/4/60</u>	<u>Nancy M. Sedon</u>
<u>Julia Dover</u> Date / Fecha: <u>1-7-23</u>	<u>150 Panama Ave</u> <u>Miami Springs 33166</u>	<u>05/17/66</u>	<u>Julia</u>
<u>Lisa Bonet</u> Date / Fecha: <u>1-7-23</u>	<u>1150 Portmidge Ave</u> <u>Miami Springs 33166</u>	<u>11/26/65</u>	<u>L Bonet</u>
<u>Yvonne Dore</u> Date / Fecha: <u>1-7-23</u>	<u>6022 NW 11th</u> <u>FL</u>	<u>6/27/88</u>	<u>Yvonne</u>
<u>Ken Wilho</u> Date / Fecha: <u>1-7-23</u>	<u>1207 Raven Ave</u> <u>FL</u>	<u>9-24-45</u>	<u>Ken Wilho</u>
Date / Fecha:			

STATEMENT OF CIRCULATOR/DECLARACION DEL DISTRIBUIDOR

The undersigned is the circulator of the foregoing paper containing <u>9</u> signatures. Each signature appended thereto was made in my presence and is the signature of the person whose name it purports to be.	El que suscribe es el distribuidor de esta hoja, que contiene <u>9</u> firmas. Cada firma se hizo en mi presencia y es la firma de la persona a la que corresponde.
Signature of Circulator/ Firma del Distribuidor: <u>[Signature]</u>	Address: <u>62 Elm Dr</u> Dirección: <u>Miami Springs, FL 33166</u>

STATEMENT OF NOTARY PUBLIC/CERTIFICACION DEL NOTARIO PUBLICO

Personally known to me: A quien conozco personalmente: <u>[Signature]</u>	or Provided Identification: o Quien Produjo Identificación: <u> </u>
Notary Public: Notario Público: <u>[Signature]</u>	Date: Fecha: <u>1/9/2023</u>
Print/Letra de Molde: <u>Esika Gonzalez Santamaria</u>	

RECEIVED BY

CITY CLERK'S OFFICE: Date: 1/9/2023

Time: 11:50am By: [Signature]



MIAMI SPRINGS GENERAL ELECTION OF TUESDAY, APRIL 4, 2023  
CANDIDATE NOMINATION PETITION  
PETICION PARA LA PROCLAMACION DE UN CANDIDATO

WE, the undersigned electors of Miami Springs, Florida do hereby nominate: NOSOTROS, los electores de Miami Springs, Florida que suscriben, por la presente proclamamos a:		Name of Candidate/Nombre del Candidato: Mary Jo Mejia Ramos	
who last registered at: / cuya dirección de su última registración es: MIAMI SPRINGS, FLORIDA			
City of Miami Springs for the office of: City Council - group #1		City of Miami Springs para el cargo de:	
PRINT NAME INSCRIBA SU NOMBRE EN LETRA DE MOLDE	RESIDENCE ADDRESS DOMICILIO	DATE OF BIRTH FECHA DE NACIMIENTO NUMERO DE INSCRIPCION	SIGNATURE FIRMA
Name	Address	Date	Signature
Angela Aguila	901 Dove Ave. Miami Springs, FL 33166	9-8-76	Angela Aguila
Date / Fecha: 1-7-23			
Mario Stecco	25 Corydon Dr	12/24/84	
Date / Fecha: 1-7-23			
Christina Sells	25 Corydon Dr	12/11/84	
Date / Fecha: 1-7-23			
Luis Vaker	1251 Dove Ave	10-28-02	
Date / Fecha: 1-7-23			
Karolyca Villa	1251 Dove Ave Miami Springs	10-11-60	
Date / Fecha: 1-7-23			
Kristopher Adams	136 W. 1st St. Miami Springs	10/10/81	
Date / Fecha: 1-7-23			
Miguel Angel Hernandez	340 P. 1st St. Miami Springs	08-01-81	
Date / Fecha: 1-7-23			
Charles			
Date / Fecha: 1-7-2023			
Charles Leonard	1 Corydon Dr.	10-2-98	
Date / Fecha: 1-7-2023			
Date / Fecha:			

STATEMENT OF CIRCULATOR/DECLARACION DEL DISTRIBUIDOR

The undersigned is the circulator of the foregoing paper containing _____ signatures. Each signature appended thereto was made in my presence and is the signature of the person whose name it purports to be.	El que suscribe es el distribuidor de esta hoja, que contiene _____ firmas. Cada firma se hizo en mi presencia y es la firma de la persona a la que corresponde.
Signature of Circulator/ Firma del Distribuidor:	Address: Dirección: 62 Elm Dr Miami, FL 33166 1/19/23

STATEMENT OF NOTARY PUBLIC/CERTIFICACION DEL NOTARIO PUBLICO

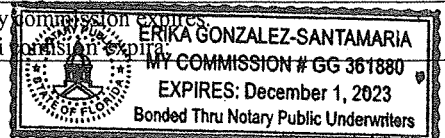
Personally known to me: A quien conozco personalmente:	or Provided Identification: o Quien Produjo Identificación:
Notary Public: Notario Público:	Date: Fecha: 1/9/2023
Print/Letra de Molde: Erika Gonzalez Santamaria	My Commission Expires: Mi Comisión expira:

RECEIVED BY

CITY CLERK'S OFFICE: Date: 1/9/2023

Time: 11:14am

By:





MIAMI SPRINGS GENERAL ELECTION OF TUESDAY, APRIL 4, 2023  
CANDIDATE NOMINATION PETITION  
PETICION PARA LA PROCLAMACION DE UN CANDIDATO

WE, the undersigned electors of Miami Springs, Florida do hereby nominate: NOSOTROS, los electores de Miami Springs, Florida que suscriben, por la presente proclamamos a:		Name of Candidate/Nombre del Candidato: <b>Mary Jo Mejia Ramos</b>	
who last registered at: / cuya dirección de su última registración es:		MIAMI SPRINGS, FLORIDA	
City of Miami Springs for the office of: para el cargo de:		City Council Group # 1	
PRINT NAME INSCRIBA SU NOMBRE EN LETRA DE MOLDE <b>Name</b>	RESIDENCE ADDRESS DOMICILIO <b>Address</b>	DATE OF BIRTH OR REGISTRATION FECHA DE NACIMIENTO O NÚMERO DE DESCRIPCION	SIGNATURE FIRMA <b>Signature</b>
Mariela Mejia	641 E. Main St. Suite 100	1/16/71	[Signature]
Date / Fecha: 1/7/23	246 Apache St	7/25/87	[Signature]
Leah Corp	Miami Spring		
Date / Fecha: 1/7/23	9312 SW 182 St	05/19/77	[Signature]
Frank Gonzalez	Palmetto Bay 33157		
Date / Fecha: 1/7/23	42 Elm St.	01/6/65	[Signature]
Elois Peña	MIAMI SPRINGS FL	9-9-56	[Signature]
Date / Fecha: 1/7/23	360 NW 179 TERR.		
Chanel Sanchez	MIAMI, FL. 33169		
Date / Fecha: 1/7/23	295 N. Koda Dr	6-2-48	[Signature]
Olga Lawson	Mia Springs FL	1-3-57	[Signature]
Date / Fecha: 1/7/23	211 N. Melrose St.		
Lucy Rodriguez	41 N. Melrose	8-22-88	[Signature]
Date / Fecha: 1/7/23	DR. MIAMI SPRINGS		
JOHAN P. DIAZ	461 N MELROSE DR	6-19-72	[Signature]
Date / Fecha: 1/7/23			
NORA CHO	SPRINGDALE	5-19-84	[Signature]
Date / Fecha: 1/7/23			

STATEMENT OF CIRCULATOR/DECLARACION DEL DISTRIBUIDOR

The undersigned is the circulator of the foregoing paper containing 10 signatures. Each signature appended thereto was made in my presence and is the signature of the person whose name it purports to be.	El que suscribe es el distribuidor de esta hoja, que contiene 10 firmas. Cada firma se hizo en mi presencia y es la firma de la persona a la que corresponde.
Signature of Circulator/ Firma del Distribuidor: [Signature]	Address: Dirección: 62 Elm Dr Miami Springs, FL 33166
	1/9/23

STATEMENT OF NOTARY PUBLIC/CERTIFICACION DEL NOTARIO PUBLICO

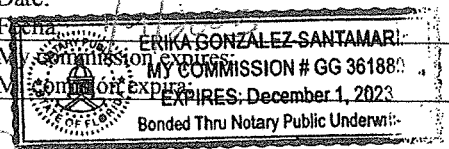
Personally known to me: A quien conozco personalmente: [Signature]	or Provided Identification: o Quien Produjo Identificación: [Signature]
Notary Public: Notario Público: Erika Gonzalez Santamaria	Date: Fecha: 1/9/23
Print/Letra de Molde: Erika Gonzalez Santamaria	My Commission Expires: My Commission Expires: EXPIRES: December 1, 2023

RECEIVED BY

CITY CLERK'S OFFICE: Date: 1/9/2023

Time: 11:55am

By: [Signature]







MIAMI SPRINGS GENERAL ELECTION OF TUESDAY, APRIL 4, 2023  
CANDIDATE NOMINATION PETITION  
PETICION PARA LA PROCLAMACION DE UN CANDIDATO

WE, the undersigned electors of Miami Springs, Florida do hereby nominate: NOSOTROS, los electores de Miami Springs, Florida que suscriben, por la presente proclamamos a:		Name of Candidate/Nombre del Candidato: <b>Mary Jo Mejia Ramos</b>	
who last registered at: / cuya dirección de su última registración es: <b>MIAMI SPRINGS, FLORIDA</b>			
City of Miami Springs		for the office of: <b>City Council - group #1</b>	
PRINT NAME INSCRIBA SU NOMBRE EN LETRA DE MOLDE	RESIDENCE ADDRESS DOMICILIO	DATE OF BIRTH FECHA DE NACIMIENTO NÚMERO DE DESCRIPCIÓN	SIGNATURE FIRMA
<b>Name</b>	<b>Address</b>	<b>Date</b>	<b>Signature</b>
Ana Sorada	4335 Royal Palm Dr	11/17/1965	
Date / Fecha: 11/7/23			
Lino Aleman		10/3/1963	
Date / Fecha: 11/7/23			
Junio Miltello	144 HUNTER DR	06/27/1957	
Date / Fecha: 11/7/23			
Felipe Lopez	62 Elm dr	04/11/1959	
Date / Fecha: 11/7/23			
Vivian Isidore	125 Carlisle DR.	2/3/75	
Date / Fecha: 11/7/23			
Carlos EREY	125 CARLISLE DR.	3/24/68	
Date / Fecha: 11/7/23			
Carla Pizarro	1090 Meadowbrook A	5/30/63	
Date / Fecha: 11/7/23			
Tammy Peterson	1290 Meadowbrook	6/24/65	
Date / Fecha: 11/7/23			
Kesha Smith	8411 TROVER AVE	11/04/96	
Date / Fecha: 11/7/23			
Nancy Vole	6411 N. 1st Ave	08/21/45	
Date / Fecha: 11/7/23			

STATEMENT OF CIRCULATOR/DECLARACION DEL DISTRIBUIDOR

The undersigned is the circulator of the foregoing paper containing 10 signatures. Each signature appended thereto was made in my presence and is the signature of the person whose name it purports to be.	El que suscribe es el distribuidor de esta hoja, que contiene 10 firmas. Cada firma se hizo en mi presencia y es la firma de la persona a la que corresponde.
Signature of Circulator/ Firma del Distribuidor:	Address: 62 Elm Dr Dirección: Miami Springs, FL 33166
	Date: 11/9/23

STATEMENT OF NOTARY PUBLIC/CERTIFICACION DEL NOTARIO PUBLICO

Personally known to me: A quien conozco personalmente:	or Provided Identification: o Quien Produjo Identificación: _____
Notary Public: Notario Público:	Date: Fecha: 11/9/2023
Print/Letra de Molde:	My Commission Expires: Mi comisión expira: ERICA GONZALEZ-SANTAMARIA COMMISSION # GG 361880 EXPIRES: December 1, 2023 Bonded Thru Notary Public Underwriters

RECEIVED BY

CITY CLERK'S OFFICE: Date: 11/9/2023

Time: 11:15 AM

By:



MIAMI SPRINGS GENERAL ELECTION OF TUESDAY, APRIL 4, 2023  
CANDIDATE NOMINATION PETITION  
PETICION PARA LA PROCLAMACION DE UN CANDIDATO

WE, the undersigned electors of Miami Springs, Florida do hereby nominate: NOSOTROS, los electores de Miami Springs, Florida que suscriben, por la presente proclamamos a:	Name of Candidate / Nombre del Candidato: <b>Mary Ann Mejia Ramos</b>
who last registered at: / cuya dirección de su última registración es:	MIAMI SPRINGS, FLORIDA
City of Miami Springs for the office of: para el cargo de:	City Council - group # 1

PRINT NAME INSCRIBA SU NOMBRE EN LETRA DE MOLDE	RESIDENCE ADDRESS DOMICILIO	DATE OF BIRTH FECHA DE NACIMIENTO O NÚMERO DE REGISTRO	SIGNATURE FIRMA
<b>Name</b>	<b>Address</b>	<b>Date</b>	<b>Signature</b>
Ramón López	2519 Hammond Ave	04/22/91	[Signature]
Date / Fecha: 1/7/23			
Mari Kuri	1226 Sweet Ave	01/20/83	[Signature]
Date / Fecha:			
Ismael Linares	1226 Sweet Ave	4/21/78	[Signature]
Date / Fecha: 1/7/23			
Alberto Santana	110 Sweet Ave	4/16/80	[Signature]
Date / Fecha: 1/7/23			
Rafael Dominguez	3950 NW 44th Ave	10/27/1978	[Signature]
Date / Fecha: 1/7/23			
Maria Victoria	2450 NW 66th Ave	7/26/65	[Signature]
Date / Fecha: 1/7/23			
Rocio Lopez	1265 Thrush Ave	6/15/90	[Signature]
Date / Fecha: 1/7/23			
James Bush	127 Curtis St	8-9-55	[Signature]
Date / Fecha: 1/7/23			
Lucy Webb	451 Plover Ave	9/25/71	[Signature]
Date / Fecha:			
Isabel Zúñiga	201 Humboldt St	12-11-60	[Signature]
Date / Fecha: 1/7/23			

STATEMENT OF CIRCULATOR/DECLARACION DEL DISTRIBUIDOR

The undersigned is the circulator of the foregoing paper containing _____ signatures. Each signature appended thereto was made in my presence and is the signature of the person whose name it purports to be.	El que suscribe es el distribuidor de esta hoja, que contiene _____ firmas. Cada firma se hizo en mi presencia y es la firma de la persona a la que corresponde.
Signature of Circulator/ Firma del Distribuidor:	Address: Dirección:
[Signature]	62 Elm Dr Miami Springs, FL 33166
	1/7/23 33166

STATEMENT OF NOTARY PUBLIC/CERTIFICACION DEL NOTARIO PUBLICO

Personally known to me: A quien conozco personalmente:	or Provided Identification: o Quien Produjo Identificación:
Notary Public: Notario Público:	Date:
Print/Letra de Molde:	ERIKA GONZALEZ SANTAMARIA My Commission # GG 361880 Expires December 1, 2023 Bonded Thru Notary Public Underwriters
Erika Gonzalez Santalana	

RECEIVED BY

CITY CLERK'S OFFICE: Date: 1/9/2023

Time: 11:15am

By: [Signature]



MIAMI SPRINGS GENERAL ELECTION OF TUESDAY, APRIL 4, 2023  
CANDIDATE NOMINATION PETITION  
PETICION PARA LA PROCLAMACION DE UN CANDIDATO

WE, the undersigned electors of Miami Springs, Florida do hereby nominate: NOSOTROS, los electores de Miami Springs, Florida que suscriben, por la presente proclamamos a:		Name of Candidate/Nombre del Candidato <i>Mary Jo Mejia Ramos</i>	
who last registered at: / cuya dirección de su última registración es: MIAMI SPRINGS, FLORIDA			
City of Miami Springs for the office of: para el cargo de:		City Council - group #1	

PRINT NAME INSCRIBA SU NOMBRE EN LETRA DE MOLDE	RESIDENCE ADDRESS DOMICILIO	DATE OF BIRTH O REGISTRATION # FECHA DE NACIMIENTO O NUMERO DE REGISTRACION	SIGNATURE FIRMA
<i>Name</i>	<i>Address</i>	<i>Birth</i>	<i>Signature</i>
<i>Dayan Aguilera</i>	<i>1100 McArthur Dr</i>	<i>04/30/82</i>	<i>[Signature]</i>
Date / Fecha: <i>1/7/23</i>	<i>Miami Springs, FL</i>		
<i>Dayan Aguilera</i>	<i>730 Nightingale Ave</i>	<i>08/04/01</i>	<i>[Signature]</i>
Date / Fecha: <i>1/7/23</i>	<i>Miami Springs</i>		
<i>Ricky Aguilera</i>	<i>730 Nightingale Ave</i>	<i>08/12/00</i>	<i>[Signature]</i>
Date / Fecha: <i>1/7/23</i>	<i>Miami Springs</i>		
<i>Adriana Dominguez</i>	<i>184 C. 155 Pkwy</i>	<i>8/24/75</i>	<i>[Signature]</i>
Date / Fecha: <i>1/7/23</i>	<i>Miami Springs</i>		
<i>Verginia Higgins</i>	<i>570 Adams St</i>	<i>01-07-1943</i>	<i>[Signature]</i>
Date / Fecha: <i>1/7/23</i>	<i>Miami Springs</i>		
<i>Yvonne House</i>	<i>1000 Breeze Dr</i>	<i>06-13-1948</i>	<i>[Signature]</i>
Date / Fecha: <i>1/7/23</i>	<i>Miami Springs</i>		
<i>William Rios</i>	<i>9 Lander Dr</i>	<i>08-09-1941</i>	<i>[Signature]</i>
Date / Fecha: <i>1/7/23</i>	<i>FL</i>		
<i>Russell S. Lerner</i>	<i>7 Lander Dr</i>	<i>03-05-1944</i>	<i>[Signature]</i>
Date / Fecha: <i>1/7/23</i>	<i>FL</i>		
<i>Monique Govea</i>	<i>1230 Dwyer Dr</i>	<i>4/15/72</i>	<i>[Signature]</i>
Date / Fecha: <i>1/7/23</i>			
<i>[Signature]</i>	<i>249 Hammer Dr</i>	<i>06/04/1940</i>	<i>[Signature]</i>
Date / Fecha: <i>1/7/23</i>			

STATEMENT OF CIRCULATOR/DECLARACION DEL DISTRIBUIDOR

The undersigned is the circulator of the foregoing paper containing <u>10</u> signatures. Each signature appended thereto was made in my presence and is the signature of the person whose name it purports to be.	El que suscribe es el distribuidor de esta hoja, que contiene <u>10</u> firmas. Cada firma se hizo en mi presencia y es la firma de la persona a la que corresponde.
Signature of Circulator/ Firma del Distribuidor: <i>[Signature]</i>	Address: Dirección: <i>62 Elm Dr</i> <i>1/7/23</i> <i>Miami Springs, FL</i> <i>23166</i>

STATEMENT OF NOTARY PUBLIC/CERTIFICACION DEL NOTARIO PUBLICO

Personally known to me: A quien conozco personalmente: <i>[Signature]</i>	or Provided Identification: o Quien Produjo Identificación: <i>[Signature]</i>
Notary Public: Notario Público: <i>[Signature]</i>	Date: Fecha: <i>1/7/23</i>
Print/Letra de Molde: <i>Erika Gonzalez Santamaria</i>	My Commission Expires: Mi Comisión Expira: <i>December 1, 2023</i>

RECEIVED BY

CITY CLERK'S OFFICE: Date: *1/9/2023*

Time: *11:55 am* By: *[Signature]*

# CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Mary Jo Mejia-Ramos  
Name

(2) 62 Elm Dr  
Address (number and street)  
Miami Springs, FL 33166  
City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: \_\_\_\_\_

OFFICE USE ONLY  
CITY OF MIAMI SPRINGS

2023 JAN -9 AM 11:06

(4) Check appropriate box(es):

- ☒ Candidate Office Sought: city council group #2  
☐ Political Committee (PC)  
☐ Electioneering Communications Org. (ECO)  
☐ Party Executive Committee (PTY)  
☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)
- ☐ Check here if PC or ECO has disbanded  
☐ Check here if PTY has disbanded  
☐ Check here if no other IE or EC reports will be filed

## (5) Report Identifiers

Cover Period: From 12 / 01 / 22 To 12 / 31 / 22 Report Type: M12

☒ Original ☐ Amendment ☐ Special Election Report

## (6) Contributions This Report

Cash & Checks \$ 23.70 , \_\_\_\_ . \_\_\_\_  
 Loans \$ \_\_\_\_ , \_\_\_\_ , \_\_\_\_ . \_\_\_\_  
 Total Monetary \$ 23.70 , \_\_\_\_ . \_\_\_\_  
 In-Kind \$ N/A , \_\_\_\_ . \_\_\_\_

## (7) Expenditures This Report

Monetary Expenditures \$ 65.81 120.00 22.41  
1.30  
 Transfers to Office Account \$ \_\_\_\_ , \_\_\_\_ , \_\_\_\_ . \_\_\_\_  
 Total Monetary \$ 208.00 over , \_\_\_\_ . \_\_\_\_

## (8) Other Distributions

\$ N/A , \_\_\_\_ . \_\_\_\_

## (9) TOTAL Monetary Contributions To Date

\$ 1077.70 , \_\_\_\_ . \_\_\_\_

## (10) TOTAL Monetary Expenditures To Date

\$ 319.01 , \_\_\_\_ . \_\_\_\_

## (11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) Mary Jo Mejia Ramos  
☐ Individual (only for IE or electioneering comm.) ☒ Treasurer ☐ Deputy Treasurer

X [Signature]  
Signature

(Type name) Mary Jo Mejia Ramos  
☒ Candidate ☐ Chairperson (only for PC and PTY)

X [Signature]  
Signature

# CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Mary Jo Mejia Ramos (2) I.D. Number CITY OF MIAMI SPRINGS  
 (3) Cover Period 12 / 01 / 22 through 12 / 31 / 22 (4) Page 1 of 1  
 Date JAN 19 AM 11:06

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
12 / 20 / 22 01	Anedote.com			CAN		1.30
12 / 18 / 22 02	Cristina Sanchez			MON		23.70
12 / 23 / 22 03	Office Depot			CAN		65.71
12 / 29 / 22 04	Build A Sign.com			CAN		22.41
12 / 15 / 22 05	Dis N Dat			CAN		120.00
/ /						
/ /						



**Elections**

2700 NW 87th Avenue  
Miami, Florida 33172  
T 305-499-8683 F 305-499-8547  
TTY 305-499-8480

miamidade.gov

**CERTIFICATION  
Batch 1**

STATE OF FLORIDA)

COUNTY OF MIAMI-DADE)

I, Christina White, Supervisor of Elections of Miami-Dade County, Florida, do hereby certify that 49 signatures submitted by MaryJo Mejia Ramos for the office of City Council, Group I for the City of Miami Springs matched the signatures on the voter files.

A handwritten signature in black ink, appearing to read "Christina White", written over a horizontal line.

Christina White  
Supervisor of Elections

WITNESS MY HAND  
AND OFFICIAL SEAL,  
AT MIAMI, MIAMI-DADE  
COUNTY, FLORIDA,  
ON THIS 13<sup>th</sup> DAY OF  
JANUARY, 2023



**Elections**  
2700 NW 87th Avenue  
Miami, Florida 33172  
T 305-499-8683 F 305-499-8547  
TTY 305-499-8480

[miamidade.gov](http://miamidade.gov)

January 13, 2023

Erika Gonzalez, MMC, City Clerk  
City of Miami Springs  
201 Westward Drive  
Miami Springs, FL 33166

Dear Ms. Gonzalez:

The Miami-Dade Elections Department has completed the verification of Batch 1 of the petitions for MaryJo Mejia Ramos, a candidate for City Council, Group I for the City of Miami Springs. A total of 57 petitions were reviewed for verification; of which 49 were certified.

For purposes of signature verification, my office follows the directives given by the municipality. You are encouraged to ensure compliance with municipal charter or code requirements.

Please find the certification for the petition enclosed. Should you have any questions or concerns, please feel free to contact Michelle McClain, Deputy Supervisor of Elections for Voter Services at 305-499-8302.

Sincerely,

A handwritten signature in black ink, appearing to read "Christina White", written over a horizontal line.

Christina White  
Supervisor of Elections

Enclosure (1)

# STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

CITY OF MIAMI SPRINGS

2022 SEP 14 PM 1:16

I, Mary Jo Mejia Ramos,

candidate for the office of group #2 Council Group;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X

  
Signature of Candidate

9/14/22  
Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).



**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

CITY OF MIAMI SPRINGS

2022 SEP 14 PM 1:46

**NOTE: This form must be on file with the qualifying  
officer before opening the campaign account.**

**OFFICE USE ONLY**

**1. CHECK APPROPRIATE BOX(ES):**

☒ Initial Filing of Form Re-filing to Change: ☐ Treasurer/Deputy ☐ Depository ☐ Office ☐ Party

**2. Name of Candidate** (in this order: First, Middle, Last)

Mary Jo Mejia Ramos

**3. Address** (include post office box or street, city, state, zip code)

62 Elm Drive  
Miami Springs, FL 33166

**4. Telephone**

(786) 620 5114

**5. E-mail address**

mto mejia@hotmail.com

**6. Office sought** (include district, circuit, group number)

GROUP #1 Council Group

**7. If a candidate for a nonpartisan office, check if applicable:**

☐ My intent is to run as a Write-In candidate.

**8. If a candidate for a partisan office, check block and fill in name of party as applicable:** My intent is to run as a

☐ Write-In ☒ No Party Affiliation ☒ Democratic Party candidate.

**9. I have appointed the following person to act as my** ☒ Campaign Treasurer ☐ Deputy Treasurer

**10. Name of Treasurer or Deputy Treasurer**

Self- Mary Jo Mejia Ramos

**11. Mailing Address**

62 Elm Drive

**12. Telephone**

( )

**13. City**

Miami Springs

**14. County**

Dade

**15. State**

FL

**16. Zip Code**

33166

**17. E-mail address**

mto mejia@hotmail.com

**18. I have designated the following bank as my**

☒ Primary Depository ☐ Secondary Depository

**19. Name of Bank**

Truist (BB&T)

**20. Address**

69 Westward Dr

**21. City**

Miami Springs

**22. County**

Dade

**23. State**

FL

**24. Zip Code**

33166

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.**

**25. Date**

9/14/22

**26. Signature of Candidate**

X [Signature]

**27. Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)

I, Mary Jo Mejia Ramos, do hereby accept the appointment  
(Please Print or Type Name)

designated above as: ☒ Campaign Treasurer. ☐ Deputy Treasurer.

[Signature] Date 9/14/22 X [Signature] Signature of Campaign Treasurer or Deputy Treasurer

## FORM 1

STATEMENT OF  
FINANCIAL INTERESTS

2021

Please print or type your name, mailing  
address, agency name, and position below:

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Mejia Ramos, Mary Jo

MAILING ADDRESS :

62 Elm Dr

Miami Springs, FL 33166 Miami's  
Dade

CITY :

ZIP :

COUNTY :

NAME OF AGENCY :

City of Miami Springs

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

City Council group #1

CHECK ONLY IF ☒ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE

CITY OF MIAMI SPRINGS

2022 DEC 22 PM 2:38

\*\*\*\* THIS SECTION MUST BE COMPLETED \*\*\*\*

## DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2021.

## MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):

☐

COMPARATIVE (PERCENTAGE) THRESHOLDS OR

☒

DOLLAR VALUE THRESHOLDS

## PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
None	Univ of Miami laid off	None

## PART B -- SECONDARY SOURCES OF INCOME

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
None	None	None	None.

## PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

Homestead

You are not limited to the space on the  
lines on this form. Attach additional  
sheets, if necessary.FILING INSTRUCTIONS for when  
and where to file this form are  
located at the bottom of page 2.INSTRUCTIONS on who must file  
this form and how to fill it out  
begin on page 3.

**PART D — INTANGIBLE PERSONAL PROPERTY** [Stocks, bonds, certificates of deposit, etc. - See instructions]  
(If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
<i>None</i>	<i>CITY OF MIAMI SPRINGS</i>

**PART E — LIABILITIES** [Major debts - See instructions]  
(If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
<i>None</i>	

**PART F — INTERESTS IN SPECIFIED BUSINESSES** [Ownership or positions in certain types of businesses - See instructions]  
(If you have nothing to report, write "none" or "n/a")

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY	<i>None</i>	<i>None</i>
ADDRESS OF BUSINESS ENTITY		
PRINCIPAL BUSINESS ACTIVITY		
POSITION HELD WITH ENTITY		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		
NATURE OF MY OWNERSHIP INTEREST		

**PART G — TRAINING** For elected municipal officers, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 163 required to complete annual ethics training pursuant to section 112.3142, F.S.

☐ I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

**SIGNATURE OF FILER:**

Signature:

*[Handwritten Signature]*

Date Signed:

*Dec 22, 2022*

**CPA or ATTORNEY SIGNATURE ONLY**

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, \_\_\_\_\_, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**FILING INSTRUCTIONS:**

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location. To determine what category your position falls under, see page 3 of instructions.

**Local officers/employees** file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

**State officers or specified state employees** who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format), send it to CEForm1@leg.state.fl.us and retain a copy for your records. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

**Candidates** file this form together with their filing papers.

**MULTIPLE FILING UNNECESSARY:** A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

**WHEN TO FILE: Initially,** each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

**Candidates** must file at the same time they file their qualifying papers.

**Thereafter,** file by July 1 following each calendar year in which they hold their positions.

**Finally,** file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2021.

CITY OF MIAMI SPRINGS  
2022 DEC 22 PM 2:09



Mary Jo Mejia-Ramos  
campaign group #1

63-9138/2631

100

DATE 12/22/22

DELUXE WALLET OR DUPLICATE

PAY TO THE ORDER OF City of Miami Springs \$ 85.00  
Eighty-five and 00/100 DOLLARS  Security Features Included. Details on Back.  
TRUIST 

MEMO Mary Jo Mejia-Ramos



MP

1 263 19 138 7 1 1000 2 148 5 20 7 11 00 100

SPECIALTY BLUE

RECEIVED

DEC 27 22

CITY CLERK'S  
OFFICE

Mary Jo Mejia Ramos  
Campaign group #1

63-9138/2631

100

DATE 12/22/22

PAY TO  
THE ORDER OF

City of Miami Springs

\$ 85.00

Eighty-five and 00/100

DOLLARS



Security Features  
Included.  
Details on Back.

TRUIST

MEMO

Mary Jo Mejia Ramos

⑆ 263 19 138 7⑆ 1 1000 2 148 5 20 7⑆ 00 100

SPECIALTY BLUE

CITY OF MIAMI SPRINGS

\*\*\* CUSTOMER RECEIPT \*\*\*

Order: MIASMBM Type: OC Drawer: 1  
Date: 12/23/22 01 Receipt no: 441

Description	Quantity	Amount
CC - CAMPAIGN FILING FEE	1.00	\$85.00

MIAMI SPRINGS GENERAL ELECTION  
CAMPAIGN GROUP 1

Transaction detail		
CHECK	100	\$85.00
Total tendered		\$85.00
Total payment		\$85.00

Trans date: 12/23/22 Time: 10:59:51

**DECLARATION AND FIRST AMENDMENT WAIVER  
FOR CANDIDATES WHO AGREE TO COMPLY WITH  
THE VOLUNTARY STATEMENT OF FAIR CAMPAIGN PRACTICES**

**VOLUNTARY STATEMENT OF FAIR CAMPAIGN PRACTICES**

As a candidate for public office in Miami-Dade County, I believe that political issues can be freely debated without appealing to racial, ethnic, religious, sexual, or other prejudices. I recognize that such negative appeals serve only to divide this community and create long-term moral, social, and economic problems. Therefore,

1. I shall not make my race, religion, national origin, gender, physical disability, or sexual orientation an issue in my campaign.
2. I shall not make my opponent's race, religion, national origin, gender, physical disability, or sexual orientation an issue in my campaign.
3. I will condemn any appeal to prejudice based on race, creed, national origin, religion, gender, physical disability, or sexual orientation.
4. I shall not, without just cause, attack or question my opponent's patriotism.
5. I shall not publish, display, or circulate any anonymous campaign literature or political advertisement.
6. I shall not tolerate my supporters engaging in these activities that I condemn, nor shall I accept their continued support if they engage in such activities. I will not permit any member of my campaign organization to engage in these activities and will immediately and publicly repudiate the support of any other individual or group that resorts to the methods and tactics I condemn.
7. I shall run a positive campaign emphasizing my qualifications for office and positions on issues of public concern.
8. I will limit my attacks on an opponent to legitimate challenges to that person's record, qualifications, and positions.
9. I will neither use nor permit the use of malicious untruths or innuendoes about an opponent's personal life, nor will I make or condone unfounded accusations discrediting that person's credibility.
10. I will take personal responsibility for approving or disavowing the substance of attacks on my opponent that may come from third parties supporting my candidacy.
11. I will not use or permit the use of campaign material that falsifies, distorts, or misrepresents facts.

**BY SIGNING THIS DECLARATION AND FIRST AMENDMENT WAIVER, I AGREE TO**

- ABIDE BY THE VOLUNTARY STATEMENT OF FAIR CAMPAIGN PRACTICES,
- SUBMIT TO THE COMPULSORY JURISDICTION OF THE ETHICS COMMISSION, AND
- WAIVE MY FIRST AMENDMENT RIGHTS.

I, Mary Jo Mejia Ramos, a candidate for the office of  
please print your name  
Council Group #2 in Miami Dade,  
elective office sought county, municipality, or other jurisdiction

agree to abide by the *voluntary* Statement of Fair Campaign Practices as provided in Section 2-11.1.1(D)(1) of the Code of Miami-Dade County, Florida, and to recognize as compulsory the jurisdiction of the Ethics Commission. I further agree that the Ethics Commission will have the authority to decide whether I have violated the *voluntary* Statement of Fair Campaign Practices and, if a violation is found, the Ethics Commission has the authority to impose the appropriate penalty, if any, which may include an admonition or public reprimand. I recognize that I have the right before signing this DECLARATION AND FIRST AMENDMENT WAIVER to consult my own legal counsel and to request and receive from the Ethics Commission an advisory opinion as to whether my planned campaign activities are likely to violate the *voluntary* Statement of Fair Campaign Practices. I also recognize that after signing this agreement, I will continue to have the right to request and receive from the Ethics Commission an advisory opinion regarding any future campaign activities that I may be considering. I hereby proclaim (1) that my agreement to abide by the Statement of Fair Campaign Practices is *voluntary*, knowing, and intelligent; (2) that I have not been forced, pressured, or otherwise coerced into making this agreement; and (3) that I am aware of the *voluntary* nature of this agreement. I recognize that there is no penalty for refusing to agree to abide by the *voluntary* Statement of Fair Campaign Practices. I also recognize that in signing this agreement, I will be forfeiting rights to which I would otherwise be entitled under the First Amendment to the U.S. Constitution and Article I, Section 4, of the Constitution of the State of Florida. Once the DECLARATION AND FIRST AMENDMENT WAIVER is signed, it is deemed irrevocable for the duration of the campaign.

x   
Signature

12/22/22  
Date



CITY OF MIAMI SPRINGS  
2022 DEC 22 PM 2:09

## AFFIDAVIT OF RESIDENCY

I, Mary Jo Mejia Ramos, hereby file this Affidavit of Residency this 22 day of Dec, 2022. I reside at 62 Elm Drive, Miami Springs, Florida, do hereby swear (or affirm) that I have resided in the City of Miami Springs for a minimum of six (6) months continuously, prior to the day of qualifying as a candidate for the office of councilmember or mayor, as required by Miami Springs Charter §3.04 (1) for the General Election to be held on April 4<sup>th</sup>, 2023.

[Signature]  
Signature of Affiant

786-620-5114  
Telephone

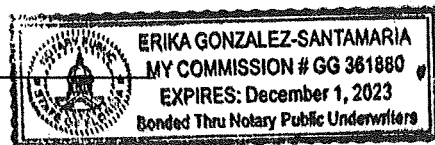
STATE OF FLORIDA  
COUNTY OF MIAMI-DADE

Sworn to (or affirmed) and subscribed before me this 22 day of Dec 2022, by

Mary Jo Mejia - Ramos  
(Name of person making statement)

[Signature]  
Signature of Notary Public, State of Florida

Erika Gonzalez Santamaria  
(Notary's name typed, printed or stamped)



Personally Known ☒ or Produced Identification \_\_\_\_\_  
Type of Identification Produced: \_\_\_\_\_